Authorized Signature

Date December 1, 2009

Typed or printed name James McKenzje (609) 734-6866

Registration No. 51,146

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PRINCETON, NJ 08543-5312 Patricia M. Fedorowycz. (Depositor's name)							
			De	cember 1, 2009	secarsungs	(Signature)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ОТТА	RNEY DOCKET NO.	CONFIRMATION NO.	
10/563,432	03/20/2007		Reinhard Kogel		PD030073	8034	
TITLE OF INVENTION: SWITCHED MODE POWER SUPPLY WITH SOFT START OPERATION							
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUB	PREV. PAID ISSUE FEE	TOTAL FEE(\$) DUB	DATE DUE	
nonprovisional	NO	\$1510	\$300	20	\$1810	12/02/2009	
EXAMINER ART UNIT		CLASS-SUBCLASS	•				
VU, BAO Q 2838		2838	363-021120	•		•	
		n of "Fee Address" (37	For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys 1_ROBERT_D_SHEDD_				
CFR 1.363). (SEE ADDRESS CHANGE ABOVE) Change of correspondence address (of Change of Correspondence Address form PTO/SB/122) attached.			or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 2 HARVEY D. FRIED JAMES MCKENZIE				
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.							
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filled for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
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Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🙆 Corporation or other private group entity 🗋 Government							
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 ☑ Issue Fee ☑ A check is enclosed. ☑ Publication Fee (No small entity discount permitted) ☑ Payment by credit card. Form PTO-2038 is attached. 							
Advance Order - # of Copies 3 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 07-0832 (enclose an extra copy of this form).							
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status, See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).							
NOTE: The Issue Fee and	Publication Fee (if req	uired) will not be accepted	I from anyone other than the Office.	ne applicant; a registered :	attomey or agent; or the a	ssignee or other party in	
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